

Registration District No. 2001 Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1817 Sergeant Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1817 Sergeant Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lola E. Martin
(b) If veteran, name war none (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife George G. Martin (c) Age of husband or wife if alive years
7. Birth date of deceased April 13, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 1 0 hr. min.

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business Edward G. Martin

12. Name Edward G. Martin

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant George G. Martin
(b) Address 1817 Sergeant, Joplin, Mo.

17. (a) burial (b) Date thereof 5/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 5-15-44 (b) Justus H. Hatcher
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month May day 12
year 1944 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from Apr 14 1944 to May 11 1944
that I last saw her alive on May 11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Due to arterio sclerosis
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations 83a!
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature J. H. Hatcher (M. D. or other)
Address Joplin Mo Date signed 5/15/44

1204

44-5-407

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.